

COMPANY LETTER HEAD, TELEPHONE & ADDRESS CONTACTS
DATE: DD/MM/YYYY

The CEO

Jamii Sacco Society Limited
P. O. Box 57929-00200
Mobile: 0712 852 762,0715 961 545
Email: info@jamiisacco.com
NAIROBI

RE: NAME OF APPLICANT

We confirm that **<Name of Applicant>** is an employee of **<XYZ Company>**.

He/She is employed on a **<permanent/contractual>** basis and has served this company since **<DD/MM/YYYY>**. (If on contract, please state the length of contract.)

He/She earns a **<gross>** monthly salary of Kshs. _____. We undertake to advise the Society in the event of **< Mr/S XYZ>** leaving the organization and shall remit his terminal dues & benefits that are not regulated by any prevailing statute within the laws of Kenya will be channeled through **<Name of Applicant's>** loan Account.

We acknowledge that **<Name of Applicant's>** instruction to us to pay his/her loan installments direct to JAMII SACCO SOCIETY LIMITED is irrevocable and cannot be countermanded or amended in any way whatsoever without the prior written confirmation of the Sacco that it is in order to effect any such change."

We also confirm that we will directly remit to Jamii Sacco Society Limited **<Name of Applicant's>** monthly installments by way of a check-off system towards offsetting the loan for the above named member. Our Payroll details are as follows:

1. Cut-off date (by when we should be informed) _____
2. Remittance date (by when we shall remit the payment) _____

Name of Official (To be signed by HRM or MD)

<XYZ Company>.

Staff Acknowledgement: _____

Date: _____

Ref:

Date:

The Director of Human Resources

XYZ Co:

Po BOX:

NAIROBI.

RE: REQUEST FOR CHECK - OFF BY <XYZ COMPANY>.

Loan Check-Off Authority for <XYZ Company>.

| | |
|--------------------------|----------------------|
| Surname..... | Other Names..... |
| Duty station..... | Personal Number..... |
| Dept..... | Office Tel No..... |
| Office Address..... | Home Address..... |
| Gross Salary (Kshs)..... | Net salary..... |

LOAN DETAILS

Loan Applied Kshsin words.....
Purpose of the Loan.....
Repayment period (Months).....Monthly repayment (Kshs).....

APPLICANT'S IRREVOCABLE AUTHORITY

I,whose particulars are as above, hereby give my employer **<XYZ Company>**. the irrevocable authority to deduct the monthly loan repayments of Kshs.....per month from my salary and remit the same to Jamii Sacco Society Limited Scheme Loan Account No.....until the loan is fully repaid and confirmed in writing by the Sacco .

In the event of termination from employment for any reason whatsoever, I give **<XYZ Company>**. irrevocable authority to pay any dues to me via my account at Jamii Sacco Society Limited or draw a cheque in favour of my name / Jamii Sacco and to inform the Sacco on termination.

Signature.....

Date.....

AUTHORISED OFFICIALS FROM <XYZ COMPANY>.

I confirm that the above named is a bona fide employee of**<XYZ Company>**.

Full Name..... Signature.....

Designation.....

Date.....

Official Stamp.....

Full Name..... Signature.....
Designation.....
Date.....
Official Stamp.....

C.C. - Loans Officer - Jamii Sacco Society Ltd.